

TUMBLEWEEDS GYMNASTICS ENROLLMENT APPLICATION

M T W T H F S

Gym

Dance

OFFICE USE ONLY

Child's Name _____

Registration Fee: _____

Parent's Name (please print) _____

Reg. Date: ____/____/____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Child's Age _____ Date of Birth _____

Email _____

How did you hear about us? _____

Signature _____

Date	Beg Bal	Paid	Ch #

Please turn over to complete form.

Acknowledgement of Health/Medical, Risk and Liability Waiver

Health and Medical

My child has been examined by a physician within the last six months, is in relatively good health, and able to participate in a full gymnastics program. For the benefit of your child, please list any medical conditions that may affect your child's safety and performance (e.g. allergies, asthma, seizures, heart ailments, physical or mental conditions).

NONE _____ LIST CONDITIONS _____

Risk and Liability

According to the United States Gymnastics Federation, the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and the instructor are, no matter how many spotters used, the risk of injury cannot be eliminated. The risk of injury includes minor injuries such as bruises, and muscle pulls; potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, cheerleading and dance. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all Tumbleweeds Gymnastics programs and accept all risks associated with that participation.

Signature _____